

2004–2005

Benefits Enrollment Guide for COBRA Participants



It's about choice. It's about value. It's about YOU!



Table of Contents

Overview	1
Eligibility	2
How Long COBRA Coverage Lasts	3
Extended COBRA Coverage	3
Electing Your COBRA Benefits	3
Changing Your COBRA Benefits	4
Enrollment	4
Initial Enrollment	4
Open Enrollment	4
Your Contributions to Arizona Benefit Options	5
What Do You Pay?	5
When Do You Pay?	5
How Do You Pay?	5
Converting to an Individual Plan	5
Medical Plan Options	7
How the Plans Work	7
Transition of Care	7
Guest Privileges	8
Plan Administrators	8
Arizona Benefit Options Medical Plans – Comparison Chart	9
Medical Provider Profiles	10
Online Access to Information	13
Help Managing Serious Medical Conditions	13
Pharmacy	14
Dental Plan Options	15
How the Plans Work	15
Dental Plans Comparison Chart	16
Vision Plan	17
How the Plan Works	17
Notice of the Arizona Benefit Options (AzBO) Program Privacy Practices	18
Important Contact Information	19

Overview

This Guide has been designed to help you make the best choices about your benefits as a COBRA member through the State of Arizona. You will find valuable information about your benefits plans such as:

- *Benefits eligibility*
- *How the plans work*
- *Important contact information*

Eligibility

The following may be eligible for COBRA coverage:

- An employee who had coverage through the State of Arizona and lost the coverage because of a reduction in hours of employment or a termination of employment for a reason other than gross misconduct.
- An employee's legal spouse, as defined by Arizona Statute, who had coverage through the State of Arizona and lost the coverage for any of the following reasons:
 - *Death of the employee*
 - *Termination of the employee's employment for a reason other than gross misconduct*
 - *Reduction in the employee's hours of employment resulting in a loss of eligibility for coverage*
 - *Divorce or legal separation from the employee*
 - *The employee becomes eligible for Medicare.*
- An employee's dependent child who had coverage through the State of Arizona and lost the coverage for any of the following reasons:
 - *Death of the employee (parent)*
 - *Termination of the parent's employment for a reason other than gross misconduct*
 - *A reduction in the parent's hours of employment resulting in a loss of eligibility for coverage*
 - *The parents' divorce or legal separation*

- *The parent becomes eligible for Medicare or*
- *The dependent ceases to be a dependent child as defined by the Arizona Benefit Options program.*

The ADOA Benefits Office will determine final eligibility for COBRA coverage.

If you are eligible for COBRA coverage, you have 60 days from the date of COBRA notification or loss of coverage, whichever is later, to elect coverage or you waive your right to COBRA coverage.

Eligible dependent children include:

- Natural, adopted and/or stepchildren under age 19, or under 25 if a full-time student at an accredited educational institution
- Minors under the age of 19 for whom the employee-member has court-ordered guardianship
- Foster children under the age of 19
- Children placed in the employee-member's home by court order pending adoption
- Natural, adopted and/or stepchildren who were disabled prior to age 19 and a dependent under the Plan at the time of the disability.

Please note: If your dependent child is approaching age 19 and is disabled, immediately contact the ADOA Benefits Office regarding

procedures to continue coverage for this dependent. You will need to provide verification that your dependent child has a qualifying permanent disability, in accordance with Social Security Administration (SSA) guidelines, that occurred prior to his or her 19th birthday. Documentation may be required periodically to include a disabled dependent on your plan. Final eligibility will be determined by the ADOA Benefits Office.

Qualified Medical Child Support Order (QMCSO)

If a QMCSO exists, you must continue coverage for your dependent pursuant to the Order. You may not terminate coverage for a dependent covered by a QMCSO.

How Long COBRA Coverage Lasts

If you lose coverage through the State of Arizona plan because of a termination of employment or a reduction in hours, you and your eligible family members may maintain COBRA coverage for a maximum period of 18 months from the date of the event.

If an employee's spouse and/or covered dependents lose their coverage because

- of the employee's death or entitlement to Medicare
 - of the employee's legal separation or divorce
 - the employee's child is no longer a dependent under the Plan,
- the eligible family members may maintain COBRA coverage for a maximum period of 36 months from the date of the event.

By law, these coverage periods may be reduced for any of the following reasons:

- the State of Arizona no longer provides group health coverage to any of its employees;
- you do not pay the amount due for your COBRA coverage on time;
- you or one of your covered family members become covered under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition; or
- you or one of your covered

family members become entitled to Medicare.

Extended COBRA Coverage

In addition, during or before an 18-month period of COBRA coverage, the Social Security Administration makes a formal determination that you or a covered dependent spouse or child are totally and permanently disabled, so as to be entitled to Social Security Disability Income benefits, the 18-month maximum period of COBRA coverage can be extended for up to 11 more months, for all qualified beneficiaries who have elected COBRA coverage. The cost of coverage during the additional 11-month period of COBRA coverage may be considerably higher than the cost for the coverage for the first 18 months. This extension is available if:

- the Social Security Administration determines that the individual's disability began no later than 60 days after the employee's employment was terminated or his/her hours were reduced; and
- you or another member of your family notifies the ADOA Benefits Office of the disability determination by the Social Security Administration before the end of the 18-month COBRA coverage period.

Electing Your COBRA Benefits

Upon termination from State Service, employees and eligible dependents will be notified in writing of their COBRA rights and the deadline date for returning their enrollment form(s).

To have the opportunity to continue coverage after a divorce, legal separation, or a child ceasing to be a dependent, the employee and/or affected family member(s) must inform the ADOA Benefits Office in writing no later than 60 days after the event. If notice is not received by the end of that 60-day period, the affected spouse or dependent will not be entitled to choose COBRA coverage. When notified that one of these events has happened, the ADOA Benefits Office will provide the covered dependents with the information and forms needed to elect COBRA coverage. Under the law, the covered dependents have at least 60 days from the date they would lose coverage because of one of the events described above, to inform the ADOA Benefits Office that they want to elect COBRA coverage.

COBRA coverage may be elected for some members of the family but not others (including one or more dependents, even if the employee does not elect it), as long as those for whom it is chosen were covered by the Plan on the date of the event (e.g., termination of employment, death, divorce) that led to the loss of regular coverage. A parent may elect or reject COBRA coverage on behalf of dependent children living with him or her. If one of the dependents elects COBRA coverage for him/herself only, the enrollment form must be signed by that dependent unless the dependent is a minor. When the dependent is a minor, the employee-parent must sign the form.

Changing Your COBRA Benefits

If, while you are enrolled for COBRA coverage, you marry, have a child or have a child placed for adoption, you may enroll that spouse or child for coverage for the balance of the period of your COBRA coverage, provided you do so within 30 days after the marriage, birth or placement. Adding a spouse or child may increase the amount you must pay for COBRA coverage.

A Second Qualified Life Event

If you have a second Qualified Life Event while under COBRA coverage and you were eligible for COBRA coverage as the result of an employee's termination (for other than gross misconduct) or the reduction in hours of an employee, you may be granted an extension of coverage for up to 36 months from the date of termination or reduction in hours. This extension applies only to qualified beneficiaries, including children of the employee who were born or adopted while the employee was on COBRA coverage. (Qualified beneficiaries include an employee's spouse who was covered by the Plan and an employee's dependent children who were covered by the Plan.)

Enrollment

It's easy!

Initial Enrollment

- Fill out the COBRA Enrollment Form.
- Send it into the ADOA Benefits Office within 60 days of your eligibility event.

Open Enrollment 2004

- **If you wish to continue medical coverage, you must complete an Arizona Benefit Options COBRA Election Notice and send it to the ADOA Benefits Office. Your returned Notice must be postmarked by September 10, 2004.**
- If you currently have only dental and/or vision coverage and do not want to make any changes to these coverages, you do not need to take any action.

Remember

- *To sign and date your completed COBRA Election Notice*
- *To keep a copy of your completed COBRA Election Notice*

Your Contributions to Arizona Benefit Options

What Do You Pay?

By law, while on COBRA coverage, you will have to pay the total cost of your COBRA coverage. You are charged the full amount of the cost for similarly-situated employees or families – both the employee's and the employer's shares – plus an additional 2% administrative fee.

When Do You Pay?

You must make the first payment within 45 days of notifying the plan administrator of selection of COBRA coverage. Thereafter, premiums are due on the first day of each month of coverage. After your first premium payment, you may have a grace period of 30 days from the usual due date to pay the premiums.

How Do You Pay?

Payments for COBRA coverage are made directly to the individual plan vendors. Each vendor will bill you for your coverage. All payments must be made out to the vendor. ADOA cannot process these payments.

ADOA AND YOUR VENDOR WILL NOT BE ABLE TO CONFIRM THAT YOU ARE ENTITLED TO COVERED SERVICES UNTIL THE VENDOR HAS RECEIVED YOUR PREMIUM FOR THE MONTH IN WHICH THE CARE IS TO BE PROVIDED.

Converting to an Individual Plan

At the end of the 18-month or 36-month period of COBRA coverage, you will be allowed to enroll in an individual conversion health plan as provided by the vendor if that right is still offered when your COBRA coverage period expires.

Your Contributions to Arizona Benefit Options

Monthly premiums for Arizona Benefit Options are detailed below in the rate charts.

MONTHLY MEDICAL PREMIUMS

	SINGLE	FAMILY
	Premium	Premium
<i>Central Region: Maricopa, Gila, Pinal Counties</i>		
RAN+AMN EPO	\$343.74	\$859.86
Schaller Anderson Healthcare (SA) EPO	\$343.74	\$859.86
UnitedHealthcare (UHC) EPO	\$353.94	\$870.06
Arizona Foundation (AZF) PPO	\$570.18	\$1,397.40
UnitedHealthcare (UHC) PPO	\$580.38	\$1,407.60
<i>Southern Region: Pima, Santa Cruz Counties</i>		
RAN+AMN EPO	\$333.54	\$833.34
Schaller Anderson Healthcare (SA) EPO	\$333.54	\$833.34
UnitedHealthcare (UHC) EPO	\$343.74	\$843.54
Arizona Foundation (AZF) PPO	\$526.32	\$1,273.98
UnitedHealthcare (UHC) PPO	\$536.52	\$1,284.18
<i>Northern Region: Yavapai, Coconino, Navajo, Apache Counties</i>		
RAN+AMN EPO	\$453.90	\$1,135.26
Arizona Foundation (AZF) PPO	\$594.66	\$1,487.16
<i>Southeastern Region: Graham, Greenlee, Cochise Counties</i>		
RAN+AMN EPO	\$453.90	\$1,135.26
Arizona Foundation (AZF) PPO	\$594.66	\$1,487.16
<i>Western Region: Mohave, La Paz, Yuma Counties</i>		
RAN+AMN EPO	\$453.90	\$1,135.26
Arizona Foundation (AZF) PPO	\$594.66	\$1,487.16
<i>Out-of-State</i>		
Beech Street PPO	\$594.66	\$1,487.16
<i>NAU Only - Available in All Regions</i>		
Blue Cross/Blue Shield PPO	\$454.04	\$1,166.51

MONTHLY DENTAL PREMIUMS

	SINGLE	FAMILY
Employers Dental Services (EDS)	\$9.91	\$28.78
Fortis Dental	\$11.08	\$30.11
Delta Dental	\$28.05	\$91.19
MetLife Dental	\$28.05	\$87.68

MONTHLY VISION PREMIUMS

Avesis Vision	SINGLE	FAMILY
Your Cost	\$6.47	\$17.52

Medical Plan Options

We offer two different types of medical plans from which to choose. These plans are:

- Exclusive Provider Organization (EPO)
- Preferred Provider Organization (PPO).

How the Plans Work

EPO – Exclusive Provider Organization

An EPO provides benefits at a lower cost to you as long as you use contracted network physicians and hospitals. In general, an EPO does not pay benefits for care received outside of the EPO network. A network includes physicians, hospitals and other health care providers and facilities.

Your care may be coordinated through your Primary Care Physician (PCP) or you may be able to seek treatment directly from a specialist. In this way the Arizona Benefit Options EPO plans are more flexible than traditional HMO plans.

Some important features of EPO plans are:

- No deductibles
- Minimal copayment
- No charge if you are admitted to a hospital
- No claim forms to complete.

PCP Selection

As an EPO member, you need to select a Primary Care Physician (PCP). You may change your PCP by contacting your plan administrator.

PCP Identification Numbers can be found on the www.benefitoptions.az.us web site.

PCP provider directories, which include PCP identification numbers, may be obtained from the ADOA Benefits Office.

It is important to have a PCP who can coordinate your medical care and who can help you make important medical decisions. The selection of a PCP is necessary as a feature of the EPO; however, it is not necessary to obtain a referral, from your PCP, for an office visit to a specialist.

PPO – Preferred Provider Organization

The PPO plan has two levels of out-of-pocket costs: a lower level of costs when you use PPO providers and a higher level of costs when you use non-PPO providers. Under the PPO plan, you are not required to obtain a referral for covered medical services.

Some important features of PPO plans are:

- Copayments may apply to in-network services.
- Deductibles and out-of-pocket payments apply to most out-of-network services.
- You may go directly to any specialist you choose.

NAU BCBS plan is a PPO.

Transition of Care

Transition of Care (TOC) ensures there is no interruption of your health care if you are under care for an acute, chronic or serious health condition, or you are in either the second or third trimester of a pregnancy. TOC allows you to continue treatment with a non-network practitioner at the time of enrollment in a new plan. The State will provide a reasonable transition period for you to continue your course of treatment with the non-network practitioner. This benefit applies only to treatment provided or ordered by the practitioner who is approved by the plan administrator. After this transition period, or after your treatment is complete, whichever occurs first, your medical care must be provided by a network provider to receive the in-network level of benefits.

If you need to request transition services, please contact your plan administrator for further information and required forms.

Guest Privileges

If a person covered under the plan is living away from home, such as a child attending college, or if you need to seek care outside your primary service area, covered in-network services may be available from participating providers. For specific details, please contact your plan administrator.

Plan Administrators

The plan administrator is Arizona Benefit Options – Harrington for the following networks:

- Arizona Foundation
- RAN+AMN
- Schaller Anderson Healthcare
- Beech Street

UnitedHealthcare is the plan administrator for the UnitedHealthcare network.

BCBS is the plan administrator for the NAU PPO plan.

Contact information for the plan administrators may be found on the inside back cover of this Guide.

About This Guide

The information in this Guide provides a brief overview of your State of Arizona benefits. It is not intended to provide complete details. Details of the plans are contained in the Plan Description.

The State of Arizona reserves the right to change or terminate any of its plans, in whole or in part, at any time.

Arizona Benefit Options Medical Plans Comparison Chart

	EPOs	PPOs	
These plans are available to COBRA participants statewide.	• RAN+AMN EPO	• Arizona Foundation PPO	
In addition to the plans above, the following plans are offered to COBRA participants in Maricopa, Gila, Pinal, Pima and Santa Cruz counties.	• Schaller Anderson Healthcare EPO • UHC Select EPO	• UHC Options PPO	
This plan is available to out-of-state COBRA participants.		• Beech Street	
DEDUCTIBLES/MAXIMUMS	In-Network (Copayments)	In-Network (Copayments)	Out-of-Network (Out-of-Pocket)
PCP REQUIRED FOR EACH MEMBER?	Yes	No	No
PCP REFERRAL REQUIRED TO SEE A SPECIALIST?	No*	No	No
PLAN YEAR DEDUCTIBLES			
Individual	None	None	\$300
Family	None	None	\$600
OUT-OF-POCKET MAXIMUMS			
Individual	None	\$1,000	\$3,000
Family	None	\$2,000	\$6,000
LIFETIME MAXIMUMS	None	None	\$2,000,000
PHYSICIAN SERVICES Office visits/consultations, Specialist visits/consultations	\$10 copay Max of 1 copay/day/provider	\$10 copay Max of 1 copay/day/provider	30%
PREVENTIVE CARE Well Baby, Child and Adult Physical Exams, Annual Well-Woman Exams (GYN visit & Pap smear test), Annual Well-Man Exams (Office visit & PSA blood test), Adult Immunizations (e.g., pneumonia, flu)	\$10 copay/visit	\$10 copay/visit	Not covered
Mammography Screening (Coverage based on patient age or need)	None	None	30%
OUTPATIENT SERVICES Freestanding ambulatory facility or hospital outpatient surgical center	None	None	30%
HOSPITALIZATION SERVICES Room & Board (private room when medically necessary)	None	None	30%
Intensive Care	None	None	30%
Surgeons and Assistants, Anesthesiologists, Pathologists, Radiologists	None	None	30%
EMERGENCY CARE Urgent Center Care	\$20 copay	\$20 copay	30%
Emergency Room	\$75 copay waived if admitted	\$75 copay waived if admitted	\$75 copay waived if admitted
Ambulance (for medical emergency or required interfacility transport)	None	None	Emergency paid at in-network benefit rate
PRESCRIPTION DRUGS (Provided by WHI) Copays apply for in-network pharmacies only			
Retail: up to 30-day supply per copay Online/Mail Order: up to 90-day supply for two copays			
• Generic	\$10 copay	\$10 copay	Not covered
• Preferred Brand	\$20 copay	\$20 copay	Not covered
• Non-Preferred Brand	\$40 copay	\$40 copay	Not covered

*Some EPOs require referral for particular types of specialists.

For the NAU-only BCBS PPO plan details, go to <http://hr.nau.edu/m/> and choose Benefits, Open Enrollment 2004, COBRA.

Medical Provider Profiles

Employees residing in Arizona have a choice of two or more of the following medical networks based on where they live.

- Arizona Foundation
- RAN+AMN
- Schaller Anderson Healthcare
- UnitedHealthcare

The following demographic and hospital comparison charts and key provider messages are offered to aid you in your option selection. Please refer to the AzBO website at www.benefitoptions.az.gov for more detailed information about each plan option.

Coverage Facts

		RAN+AMN	Schaller Anderson Healthcare	UnitedHealthcare	Arizona Foundation
Plan Offering	Central Region	EPO	EPO	EPO/PPO	PPO
	Southern Region	EPO	EPO	EPO/PPO	PPO
	Other Regions	EPO	Not offered	Not offered	PPO
Years in business		23	17	27	34
Arizona network doctors	Central Region	4,232	6,325	3,850	6,060
	Southern Region	1,238	1,705	1,588	1,656
	Other Regions	1,297	Not offered	Not offered	1,621
Doctor office locations	Central Region	6,812	8,329	7,074	11,698
	Southern Region	1,653	1,838	2,430	2,504
	Other Regions	1,644	Not offered	Not offered	2,220
Arizona hospitals in network	Central Region	46	31	33	30
	Southern Region	15	7	11	7
	Other Regions	25	Not offered	Not offered	20
Arizona urgent care centers in network	Central Region	25	29	22	30
	Southern Region	3	5	3	9
	Other Regions	13	Not offered	Not offered	14
Members served in Arizona		365,000	700,000	511,000	207,500
Current Clients		Banner Health	America West Airlines	America West Airlines	City of Tempe
		Wells Fargo	Banner Health	Southwest Airlines	Scottsdale Healthcare
		Raytheon	Bashas' Supermarkets	PETsMART	Navapache Reg Med Cntr
		Navajo Nation	Scripps Medical Plans	Carondelet Health Network	Yuma Reg Med Cntr
		QuickTrip Stores	Salt River Project	Insight Enterprises	National Bank of Arizona

Network Hospitals

Central Region

	RAN+AMN	Schaller Anderson Healthcare	United Healthcare	Arizona Foundation
Arizona Heart Hospital	X	X		X
Arizona Surgical Hospital	X			
Arrowhead Community Hospital	X	X		X
Banner Baywood Heart	X	X	X	X
Banner Desert Medical Center	X	X	X	X
Banner Good Samaritan Medical Center	X	X	X	X
Banner Mesa Medical Center	X	X	X	X
Banner Thunderbird	X	X	X	X
Boswell Memorial Hospital (Sun Health)	X	X	X	X
Casa Grande Regional Medical Center	X	X	X	X
Chandler Regional Hospital		X	X	X
City of Hope Good Samaritan	X	X	X	X
Cobre Valley Hospital	X	X	X	X
Del E. Webb Memorial Hospital (Sun Health)	X	X	X	X
John C. Lincoln (Deer Valley and North Mountain)	X	X	X	X

Central Region (cont'd)

Network Hospitals (cont'd)		RAN+ AMN	Schaller Anderson Healthcare	United Healthcare	Arizona Foundation
Central Region (cont'd)	Maricopa Medical Center		X		
	Maryvale Hospital Medical Center	X	X		X
	Mayo Clinic and Hospital	X			X
	Mesa General		X	X	X
	Paradise Valley Hospital	X	X	X	X
	Payson Regional Medical Center	X	X		X
	Phoenix Baptist Hospital and Medical Center	X	X	X	X
	Phoenix Children's Hospital	X	X	X	X
	Phoenix Memorial	X	X	X	X
	Scottsdale Healthcare (Shea and Osborn)	X	X	X	X
	St. Joseph's Hospital and Medical Center (Phoenix)		X	X	X
	St. Luke's Medical Center		X	X	X
	Tempe St. Luke's Hospital		X	X	X
	West Valley Hospital Medical Center	X	X		X
	Wickenburg Regional Medical Center	X			X
Southern Region	Carondelet St. Joseph's Hospital	X	X	X	X
	Carondelet St. Mary's Hospital	X	X	X	X
	Carondelet Holy Cross Hospital	X	X	X	X
	Cornerstone Hospital of SE Arizona	X		X	
	El Dorado Hospital	X		X	X
	Kino Community Hospital	X		X	
	Northwest Medical Center	X		X	X
	Tucson Heart Hospital	X	X	X	X
	Tucson Medical Center	X	X	X	X
	University Medical Center	X	X	X	X
Northern Region	Dixie Regional Medical Center, St. George, Utah	X			
	Flagstaff Medical Center	X			X
	Kane County Hospital, Kanab, Utah	X			
	Navapache Regional Medical Center	X			X
	Page Hospital	X			X
	Rehoboth McKinley Hospital, Gallup, New Mexico	X			
	Sage Memorial Hospital	X			X
	Verde Valley Medical Center	X			X
	White Mountain Regional Medical Center	X			X
	Winslow Memorial Hospital	X			X
	Yavapai Regional Medical Center	X			X
Southeastern Region	Benson Hospital	X			X
	Copper Queen Hospital	X			X
	Mt Graham Regional Medical Center	X			X
	Northern Cochise Community Hospital	X			X
	Sierra Vista Regional Health Center	X			X
	Southeast Arizona Medical Center	X			X
Western Region	Colorado River Medical Center, Needles, California	X			X
	Havasu Regional Medical Center	X			X
	Kingman Regional Medical Center	X			X
	La Paz Regional Hospital	X			X
	Palo Verde Hospital, Blythe, California	X			
	Western Arizona Regional Medical Center	X			X
	Yuma Regional Medical Center	X			X

A Word from Our Providers:

Arizona Foundation

As Arizona Benefit Options only statewide PPO option, we are the largest, oldest and most recognized statewide network with 9,337 providers in 16,322 locations.

If you need to seek care outside the primary service area, covered services are available from participating providers in the national provider network.

Our providers are contracted on a calendar-year basis and providers are not permitted to drop out during the year. This ensures network stability.

We offer Mayo Clinic doctors and Mayo Hospital.

RAN+AMN

We are Arizona's Exclusive Provider Organization (EPO) in all Arizona counties. RAN is Rural Arizona Network. It serves all Arizona counties except Maricopa and Pima. AMN is Arizona Medical Network serving Maricopa and Pima counties. If you need to seek care outside the primary service area, covered services are available from participating providers in the national provider network.

Together, RAN+AMN have provided accessibility, convenience,

and availability to the employees and families of self-funded employers, just like the State of Arizona, for the past 20 years.

The RAN+AMN EPO network is one of the least expensive plans in the Arizona Benefit Options program. RAN+AMN EPO option not only costs less but you and your family gain the fullest range of carefully screened and monitored providers and hospitals without losing any benefits.

Schaller Anderson Healthcare

With headquarters in Phoenix and serving all of Arizona for more than 17 years, we live and work in the same communities as you and your family.

With more than 8,000 physicians in 10,000 locations throughout central and southern Arizona, it is very likely that your doctors are already members of the Schaller Anderson Healthcare Network. If you need to seek care outside the primary service area, covered services are available from participating providers in the national provider network.

We are selective about who can participate in the Schaller Anderson Healthcare Network. We credential each provider in our network and review his/her professional background before the provider can see a member.

UnitedHealthcare

United Healthcare provides you and your dependents national reciprocity. You have access to our nationwide network of over 420,000 physicians and 3,700 hospitals across the country.

In Arizona, you can access United Healthcare's network of over 9,500 private practice physician offices and 58 hospitals.

We have been providing coverage since 1974 and insure one in seven residents in the State of Arizona.

Online Access to Information

All of the Arizona Benefit Options plans feature web sites that give you access to the kinds of information and transactions that are state-of-art for the health care industry. No matter what plan you choose, you will have a website that offers personalized information on:

- Claim status
- EOB (explanation of benefits) information
- Amount of deductibles met
- Status of your prescriptions
- Mail order drug service information and processing
- Drug facts and precautions
- Information about participating network providers
- Information on diseases and physical conditions
- News and health-related articles.

You can learn a great deal by visiting your plan's site. Many people find that the web is so fast and easy that it becomes their first choice for finding health and plan-related information.

Once your coverage takes effect, you will have full access to your plan's site and your personalized information within the site. You will need to register for these sites on your first visit and establish your own username and password. All personal data on these sites is protected by encryption that meets industry standards.

As with all the Benefit Options online features, you may get to your personal information by logging on to www.benefitoptions.az.gov.

Help Managing Serious Medical Conditions

Being diagnosed and living with a serious medical condition can be very difficult. All of the Arizona Benefit Options medical plans feature a disease management program. This program helps people with certain medical conditions better manage their illness and make their lives more fulfilling.

In these disease management programs, you work directly with a clinician who has expertise in your medical condition. This person can help you to better understand your treatment plan, follow your treatment plan, and ensure that you have the equipment needed to monitor and manage your condition.

Covered plan members in all of the Arizona Benefit Options medical plans can receive help through their plan's disease management program. Our plans offer disease management that meets rigorous clinical standards for the following four conditions:

- Asthma
- Congestive Heart Failure (CHF)
- Diabetes
- Perinatal Care.

Highly effective disease management programs are emerging constantly, and more of these programs will be added to Benefit Options in the future.

If you have been or are diagnosed with one of these diseases and you want to learn more about disease management, contact your plan administrator. Additionally, if you are diagnosed with one of these conditions, you may receive a call from a clinician, who works for your medical plan, offering help.

Participation in a disease management program is voluntary. However, a large majority of patients who do participate in such a program find such participation a valuable resource as they navigate the complex world of today's health care.

Pharmacy

Prescription drug benefits are available through the Walgreens Health Initiatives (WHI) network which consists of more than 54,000 participating chain and independent pharmacies nationwide. There are approximately 900 member pharmacies within the State of Arizona including but not limited to:

Albertsons	Rite Aid
Bashas'	Safeway
CVS Pharmacy	Sam's Club
Costco	Smith's
Eckerd	Target Pharmacy
Food 4 Less	United Drugs
Food City	Vons
Fry's	Wal-Mart
Kmart	Walgreens
Longs Drugs	Winn-Dixie
Osco Drugs	

For a complete list of participating pharmacies, and to find a participating pharmacy near you, please refer to our website, www.benefitoptions.az.gov.

The plan administrator of the pharmacy program is Walgreens Health Initiatives (WHI).

Mail Order Prescription

WHI also provides a mail order service for those members who prefer the convenience of mail order or for members who need monthly medications for chronic or long-term health conditions, such as high blood pressure or diabetes. The mail order distribution center is located in Tempe, Arizona to ensure quick delivery of your medications.

- You may request up to a 90-day supply of maintenance medications for only two copays.
- Multilingual customer service representatives are available via a toll-free number 24 hours a day, 7 days a week to provide assistance.
- One-on-one consultations with licensed pharmacists are available via a toll-free number. They will answer any questions and address any concerns you may have.
- You may charge your copay amount to your Visa, MasterCard, American Express or Discover account. Payment by personal check is also accepted.
- You may register your email address to receive notifications of your medication order, order status and shipping methods.
- WHI must receive a new prescription from your provider before mail order service can be initiated.
- To order refills, you can log on to www.benefitoptions.az.gov and select the pharmacy link or

use convenient touch-tone phone service 24 hours a day, 7 days a week. TTY service is also available.

NAU BCBS Pharmacy Plan

There is no need to elect or enroll in this plan; it is part of your Medical Plan coverage. Prescription drug benefits are available at four cost-sharing levels. The amount you pay depends on the specific drug dispensed by the pharmacy. The pharmacy will charge you a generic, preferred brand, non-preferred brand A, or non-preferred brand B copayment. The BCBSAZ Prescription Medication Guide can be used to determine your copayment and this Guide can be found on the BCBS website at <https://www.bcbsaz.com/pharmacy>. Go to 4 level prescription drug benefit.

Up to a 90-day supply of maintenance drugs (the same drug and drug strength) may be obtained through the Prescription Drug Mail-Order Program. Maintenance drugs are drugs you take consistently. The copayment for the 90-day supply is equivalent to one month's copayment.

More complete information on your prescription drug benefit can be found in the benefit plan booklet at <http://hr.nau.edu/m/>. Go to Benefits, Health, BCBS Plan Book.

Dental Plan Options

How the Plans Work

Following is a brief description of the dental plans available through Arizona Benefit Options.

For a complete listing of covered services for each plan, please refer to the Plan Description located on the website, www.benefitoptions.az.gov. Occasionally, covered services and supplies are subject to change based on the American Dental Association Guidelines. These changes may also result in a change to your copayment.

Prepaid Plans

- You see a Participating Dental Provider (PDP) to provide and coordinate all of your dental care.
- No annual deductible or maximums
- No claim forms

Employers Dental Services (EDS)

Employers Dental Services (EDS) is the largest prepaid dental plan with the largest general dentist network in the State of Arizona. EDS is headquartered in Tucson, Arizona with offices in both Tucson and Phoenix.

Fortis Benefits

Each family member may select his/her own dentist from a group of participating dentists. Each family member may select and change his/her dentist by calling the Fortis Benefits Customer Service number located on the back cover of this Guide. Members may self-refer for specialty care.

Indemnity/PPO Plans

- You may see ANY dentist anywhere in the world.
- Deductible and/or out-of-pocket payments apply.
- You have a maximum benefit of \$2,000 per person per plan year for dental services and of \$1,500 per person per lifetime for orthodontia.
- You may need to submit a claim form for eligible expenses to be paid.
- Benefits may be based on reasonable and customary charges.

Delta Dental

About 80% of Arizona's dentists participate in the Delta Dental Plan and agree to accept Delta's allowable fee as payment in full after any deductibles and/or copayments are met. Amounts in excess of the allowable fee will not be billed to the patient. If you choose to see a non-participating dentist, Delta will still provide benefits, although typically at reduced levels.

MetLife Dental

MetLife participating dental providers accept negotiated fees as payment in full after your deductibles and copayments are met. These fees are typically 15–30% below average rates. Noncovered services provided by a participating dentist are also charged at a lower rate. Covered expenses from a nonparticipating dentist are paid according to established reasonable and customary charges.

If You Live Outside Arizona

You should select one of the two Indemnity/PPO dental plans. The prepaid plans cover ONLY emergency care outside Arizona.

Dental Plans Comparison Chart

	Employers Dental Services/EDS*	Fortis Benefits*	Delta Dental	MetLife Dental
PLAN TYPE	Prepaid	Prepaid	Indemnity/PPO	Indemnity/PPO
DEDUCTIBLES	None	None	\$50/\$150	\$50/\$150
PREVENTIVE CARE	100% paid, after applicable copay:	100% paid, after applicable copay:		
Office Visit	\$5/visit	\$5/visit**	100% paid, deductible waived	100% paid, deductible waived
Oral Exam	None	None	100% paid, deductible waived	100% paid, deductible waived
Prophylaxis/cleaning	\$5/visit	\$3 copay	100% paid, deductible waived	100% paid, deductible waived
Fluoride treatment	None for child	None	100% paid, deductible waived	100% paid, deductible waived
X-rays	None	None	100% paid, deductible waived	100% paid, deductible waived
BASIC RESTORATIVE	Fixed copays:***	Fixed copays:		
Office Visit	\$5/visit	\$5/visit	80% paid	80% paid
Sealants (to age 19)	\$12/tooth	\$5/tooth	80% paid	80% paid
Fillings	\$12-\$25 (amalgam)	\$10-\$20 (amalgam)	80% paid	80% paid
Extractions	\$15 (single)	\$15 (single)	80% paid	80% paid
Periodontal	Copay/procedure	\$50/quadrant**	80% paid	80% paid
Oral Surgery	Copay/procedure	Copay/procedure**	80% paid	80% paid
MAJOR RESTORATIVE	Fixed copays:***	Fixed copays:		
Office visit	\$5/visit	\$5	50% paid	50% paid
Crowns	\$225-\$275 (plus lab fees)	\$235	50% paid	50% paid
Dentures	\$300 (plus lab fees)	Copay/procedure	50% paid	50% paid
Fixed Bridgework	Copay/Procedure	Copay/procedure	50% paid	50% paid
Crown/Bridge Repair	\$5 (plus lab fees)	\$20-\$45 (plus lab fees)	50% paid	50% paid
Inlays	\$112-\$125	\$130-\$240 (plus lab fees)	(Allowance given)	(Covered expense)
ORTHODONTIA	By Treatment Plan:	By Treatment Plan:		
Child	25% discount off Plan Specialist's normal retail charges	25% discount off Plan Specialist's normal retail charges	50% paid	50% paid
Adult	25% discount off Plan Specialist's normal retail charges	25% discount off Plan Specialist's normal retail charges	50% paid	50% paid
TMJ SERVICES	Fixed copays:	Fixed copays:		
Exams, services, etc.	Up to 25% of normal fees	\$85-\$115	No coverage	No coverage
MAXIMUM BENEFITS	No dollar limit	No dollar limit		
Annual combined preventive, basic and major services	Benefits paid for participating dentists and/or orthodontists only	Benefits paid for participating dentists and/or orthodontists only	\$2,000/person	\$2,000/person
Orthodontia lifetime			\$1,500/person	\$1,500/person

* Requires you to select a Participating Dental Provider (PDP) when enrolling. Out-of-state members are eligible for emergency care only with EDS and Fortis.

** A Specialty Benefit Amendment is included in the Fortis Benefits plan that allows patients to receive certain services from Fortis's contracted specialists for a specific copayment rather than the discounted fee.

*** Copays listed are for services provided by your EDS General Dentist (PDP). EDS specialists offer up to 25% off their normal office fees for covered procedures.

Vision Plan

How the Plan Works

You may elect vision coverage for yourself, or for yourself and your family.

The employee pays the full premium for vision coverage.

Avesis Inc. administers the vision plan.

Dual Choice

You may choose to receive services from a **participating network provider or a nonparticipating provider**.

Participating Network Provider Benefits

Receiving services from a participating network provider entitles you to **one of the following three benefit options for the plan year:**

Option 1 – Standard Lenses

You pay an annual \$10 copayment for a routine eye exam and receive standard spectacle lenses and a frame, within the plan allowance, at no additional charge.

OR

Option 2 – Contacts

If contacts are elective, you pay an annual \$10 copayment for a routine eye exam and receive a \$130 allowance toward the cost of the contact lenses and fitting fees.

If Avesis determines contacts are medically necessary, you pay an annual \$10 copayment for a routine eye exam and receive your contact lens benefit at no additional cost.

OR

Option 3 – Lasik Surgery

You use a participating network provider and receive a \$150 benefit allowance toward the cost of Lasik surgery.

Purchase of Noncovered Options

If you purchase noncovered options (e.g., eyewear) from a participating network provider, the providers have contracted with Avesis to provide these options at a reduced rate to Avesis members.

Nonparticipating Provider Reimbursement Schedule

When visiting a nonparticipating provider, you will be reimbursed for eligible expenses according to the reimbursement schedule below.

You will pay the provider and submit an itemized statement for reimbursement of your eligible vision care expenses. Avesis will reimburse you up to the amount shown in the plan's reimbursement schedule.

When filing a claim for reimbursement, members should include the following information: your member identification number, your name, the patient's name and date of birth, your mailing address, the group name (State of Arizona) and an itemized statement of expenses.

To receive additional information about the vision coverage, please contact Avesis directly at the phone number listed inside the back cover of this Guide.

NONPARTICIPATING PROVIDER REIMBURSEMENT SCHEDULE

Service	Reimbursement
Vision Examination	\$50
Single Vision Lenses	\$30
Bifocal Lenses	\$45
Trifocal Lenses	\$55
Lenticular Lenses	\$110
Frames	\$50
Contact Lenses:*	
—Elective	\$150
—Medically Necessary	\$300
Lasik Surgery	Not covered

NOTICE OF THE ARIZONA BENEFIT OPTIONS PROGRAM PRIVACY PRACTICES

The administrators of Arizona Benefit Options know that the privacy of your personal information is important to you. This Notice describes how medical information about you may be used and disclosed, how you may gain access to this information, and the measures taken to safeguard your information. Throughout this Notice, all references to Arizona Benefit Options refer to the administrators of the Program. Please review it carefully.

USE AND DISCLOSURE OF HEALTH INFORMATION

Arizona Benefit Options may use your health information for purposes of making or obtaining payment for your care, and for conducting health care operations. Arizona Benefit Options has established a policy to guard against unnecessary disclosure of your health information. For purposes of this Notice, health information refers to any information that is considered protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act ("HIPAA") of 1996.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Make or Obtain Payment Arizona Benefit Options may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, Arizona Benefit Options may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

To Conduct Health Care Operations Arizona Benefit Options may use or disclose health information for its own operations to facilitate the administration of Arizona Benefit Options and as necessary to provide coverage and services to all Arizona Benefit Options' participants. Health care operations include activities such as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Reviews and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning analyses and formulary development. In addition, summary health information may be provided to third parties in connection with the solicitation of health plans or the modification or amendment of the existing plan.
- Business management and general administrative activities of Arizona Benefit Options, including customer service and resolution of internal grievances.

As an example, Arizona Benefit Options may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities or to engage in customer service and grievance resolution activities.

For Treatment Alternatives Arizona Benefit Options may use and disclose your health information to tell you about or recommend possible treatment options or

alternatives that may be of interest to you.

For Distribution of Health-Related Benefits and Services Arizona Benefit Options may use or disclose your health information to provide you with information on health-related benefits and services that may be of interest to you.

When Legally Required Arizona Benefit Options will disclose your health information when it is required to do so by any federal, state or local law.

To Conduct Health Oversight Activities Arizona Benefit Options may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Arizona Benefit Options, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings As permitted or required by state law, Arizona Benefit Options may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Arizona Benefit Options makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes As permitted or required by state law, Arizona Benefit Options may disclose your health information to a law enforcement official for certain law enforcement purposes, including but not limited to if Arizona Benefit Options has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

In the Event of a Serious Threat to Health or Safety Arizona Benefit Options may, consistent with applicable law and ethical standards of conduct, disclose your health information if Arizona Benefit Options, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions In certain circumstances, federal regulations require Arizona Benefit Options to use or disclose your health information to facilitate specific government functions related to the military and veterans, to national security and intelligence activities, to protective services for the president and others, and to correctional institutions and inmates.

For Workers Compensation Arizona Benefit Options may release your health information to the extent necessary to comply with laws related to workers compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, Arizona Benefit Options will not disclose your health information without your written authorization. If you authorize Arizona Benefit Options to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Arizona Benefit Options maintains:

Right to Request Restrictions You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Arizona Benefit Options' disclosure of your health information to someone involved in the payment of your care. However, Arizona Benefit Options is not required to agree to your request.

Right to Receive Confidential Communications To safeguard the confidentiality of your health information, you may request that Arizona Benefit Options communicate in a specified manner or at a specified location.

Alternatively, for example, you may request that all health information be mailed to your work location rather than your home. If you wish to receive confidential communications, please make your request in writing. Arizona Benefit Options will accommodate reasonable requests, when possible.

Right to Inspect and Copy Your Health Information You have the right to inspect and copy your health information. If you request a copy of your health information, Arizona Benefit Options may charge a reasonable fee for copying, assembling costs and, if applicable, postage associated with your request.

Right to Amend Your Health Information If you believe that your health information records are inaccurate or incomplete, you may request that Arizona Benefit Options amend the records. That request may be made as long as the information is maintained by Arizona Benefit Options. Arizona Benefit Options may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by Arizona Benefit Options, if the health information you are requesting to amend is not part of Arizona Benefit Options' records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if Arizona Benefit Options determines the records containing your health information are accurate and complete.

Right to an Accounting You have the right to request a list of disclosures of your health information made by Arizona Benefit Options for any reason other than for treatment, payment or health operations. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. Arizona Benefit Options will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. Arizona Benefit Options will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically.

DUTIES OF ARIZONA BENEFIT OPTIONS

Arizona Benefit Options is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. Arizona Benefit Options is required to abide by the terms of this Notice, which may be amended from time to time. Arizona Benefit Options reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If Arizona Benefit Options changes its policies and procedures, Arizona Benefit Options will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to Arizona Benefit Options and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Arizona Benefit Options encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT INFORMATION

For more information or for further explanation of this document, you may contact an Arizona Benefit Options representative at 602-542-5008 (outside the Phoenix area, toll free at 1-800-304-3687), or by email at benefitsues@ad.state.az.us. You may also obtain a copy of this Notice at our web site at www.benefitoptions.az.gov. The ADOA Privacy Officer may be contacted at 100 N. 15th Avenue, Suite 401, Phoenix, Arizona, 85007, by phone at 602-542-1500, or by fax at 602-542-2199.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

Important Contact Information

Remember, when calling the vendors, tell them that you are a State of Arizona employee.

Contact	Phone Number	Web Address
Plan Administrators		
Medical Plans: Arizona Foundation, RAN+AMN, Schaller Anderson Healthcare, Beech Street		
■ Arizona Benefit Options - Harrington	■ 1.888.999.1459	www.myazhealth.com
UnitedHealthcare Medical Plan		
■ UnitedHealthcare	■ 1.800.896.1067	www.myuhc.com
UnitedHealthcare COBRA Vendor		
UHC Direct Bill	■ 1.866.747.0048	www.uhcdirectbill.com
NAU Only		
■ BCBS PPO	■ 928.526.0232 or ■ 1.800.423.6484	www.bcbsaz.com
Pharmacy		
■ Walgreens Health Initiatives	■ 1.866.722.2141	www.mywhi.com
■ NAU Only: BCBS Pharmacy Plan	■ 928.526.0232 or ■ 1.800.423.6484	www.bcbsaz.com
Dental Plans		
■ Delta Dental	■ 1.800.352.6132	www.deltadentalaz.com
■ Employers Dental Services (EDS)	■ 1.800.722.9772	www.mydentalplan.net
■ Fortis Benefits	■ 1.800.443.2995	www.fortisbenefitsdental.com
■ MetLife Dental	■ 1.800.942.0854	www.metlife.com/dental
Vision Plan - Avesis, Inc.	■ 1.800.828.9341	www.avesis.com
ADOA Benefits Office		
100 N. 15th Ave. #103 Phoenix, Arizona 85007	■ 602.542.5008 OR ■ 1.800.304.3687 (Operational only outside the greater Phoenix metro area)	www.benefitoptions.az.gov Email: beneissues@ad.state.az.us

State of Arizona COBRA Enrollment/Change Form 2004/2005

☐ New Enrollee☐ Qualified Life Event☐ Address Change☐ Open Enrollment

AGENCY NAME/PROCESS LEVEL

DATE ENROLLEE NOTIFIED

COBRA EFFECTIVE DATE

Duration of COBRA Coverage☐ 18 Months☐ 29 Months (only if disabled at the time of COBRA election)☐ 36 Months**Do Not Write Above This Line – For Agency Use Only****ENROLLEE IDENTIFICATION**

ENROLLEE LAST NAME, FIRST NAME, M.I.	SOCIAL SECURITY NUMBER or EIN	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
STREET ADDRESS	COUNTY OF RESIDENCE	DATE OF BIRTH	
CITY, STATE, ZIP CODE	WORK PHONE NUMBER ()	HOME PHONE NUMBER ()	
EMPLOYEE LAST NAME, FIRST NAME, M.I.	EMPLOYEE EIN or SSN	SPOUSE'S EMPLOYER	

MEDICAL PLAN SELECTION – Check appropriate box

<input type="checkbox"/> I decline Medical Coverage	MONTHLY PREMIUM SINGLE COVERAGE	MONTHLY PREMIUM FAMILY COVERAGE
<i>Central Region: Maricopa, Gila, and Pinal Counties</i>		
RAN+AMN EPO	\$343.74	\$859.86
Schaller Anderson Healthcare (SA) EPO	\$343.74	\$859.86
UnitedHealthcare (UHC) EPO	\$353.94	\$870.06
Arizona Foundation (AZF) PPO	\$570.18	\$1,397.40
UnitedHealthcare (UHC) PPO	\$580.38	\$1,407.60
<i>Southern Region: Pima and Santa Cruz Counties</i>		
RAN+AMN EPO	\$333.54	\$833.34
Schaller Anderson Healthcare (SA) EPO	\$333.54	\$833.34
UnitedHealthcare (UHC) EPO	\$343.74	\$843.54
Arizona Foundation (AZF) PPO	\$526.32	\$1,273.98
UnitedHealthcare (UHC) PPO	\$536.52	\$1,284.18
<i>Northern Region: Yavapai, Coconino, Navajo and Apache Counties</i>		
RAN+AMN EPO	\$453.90	\$1,135.26
Arizona Foundation (AZF) PPO	\$594.66	\$1,487.16
<i>Southeastern Region: Graham, Greenlee and Cochise Counties</i>		
RAN+AMN EPO	\$453.90	\$1,135.26
Arizona Foundation (AZF) PPO	\$594.66	\$1,487.16
<i>Western Region: Mohave, La Paz and Yuma Counties</i>		
RAN+AMN EPO	\$453.90	\$1,135.26
Arizona Foundation (AZF) PPO	\$594.66	\$1,487.16
<i>Out-of-State</i>		
Beech Street PPO	\$594.66	\$1,487.16
<i>NAU Only - Blue Cross/Blue Shield</i>		
BCBSAZ PPO	\$454.04	\$1,166.51

DENTAL PLAN SELECTION – Check appropriate box

<input type="checkbox"/> I decline Dental Coverage	MONTHLY PREMIUM SINGLE COVERAGE	MONTHLY PREMIUM FAMILY COVERAGE
Delta Dental Indemnity/PPO (In Arizona and Out-of-state)	\$28.05	\$91.19
MetLife Dental Indemnity/PPO (In Arizona and Out-of-state)	\$28.05	\$87.68
Employers Dental Service Prepaid Plan (In-state-only)	\$9.91	\$28.78
Fortis Benefits Prepaid Plan (In-state-only)	\$11.08	\$30.11

VISION PLAN SELECTION – Check appropriate box

<input type="checkbox"/> I decline Vision Coverage	Avesis Single Coverage \$6.47	Avesis Family Coverage \$17.52
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FLEXIBLE SPENDING ACCOUNT – Check appropriate box(es)

<input type="checkbox"/> I decline Flexible Spending	I am electing to maintain Medical Reimbursement	Monthly Amount \$
	I am electing to maintain Dependent Care Reimbursement	Monthly Amount \$

DEPENDENTS (Must Be Listed For Family Coverage)

LAST NAME, FIRST NAME, M.I.	RELATIONSHIP TO APPLICANT S=Spouse, C=Child, G=Guardian, P=Placed for adoption, T=Stepchild	BIRTHDATE (MM/DD/YY)	SOCIAL SECURITY NUMBER	MALE OR FEMALE M or F	FULL TIME STUDENT Y or N	MEDICAL PCP AND/OR DENTIST ID NUMBER	DISABLED Y or N
02 Spouse							
03							
04							
05							
06							
07							

ENROLLEE AUTHORIZATION AND SIGNATURE

I hereby certify under penalty of perjury that the information provided in this application for employee benefits, including address and spouse/dependent information is true and correct. I further acknowledge that I am aware that providing false information may subject me to a denial of employee benefits, disciplinary action, and potential prosecution pursuant to ARS Sections 13-2310, 13-2311, 13-2702, and other applicable provisions of the law.

Signature: _____

Date: _____



Photos by Annette Fettig

*This book featuring State employees was designed
by State employees, for State employees.*